

EXAMINER:**SPECIFICATION:**

- ☒ Brief Description Of Drawings (All Figures (A, B, C do) Must Be Rooted)
- ☐ All Pencil Marks Erased *NA*
- ☒ Abstract Is Of Proper Length And Is Only One Paragraph
- ☐ Continuing Data Updated In Specification (If Necessary) *NA*
- ☒ All Amendments Correctly Entered
- ☒ # Inventors on oath same as a jacket

CLAIMS:

- ☐ Claims Renumbered In Pencil
- ☒ Index Of Claims Renumbered In Black Ink

DRAWINGS:

- NA* ☐ O.G. Figure Noted On Drawings
- ☐ Issue Class/Subclass Noted On Drawings
- ☐ Yellow Tag Completed (If Required)
- ☐ If Drawings Not Approved Then Appropriate Box Checked On PTOL-37 *NA*

FORM PTO 892:

- ☒ Signed And Dated (must be at least one in the case if no references write "NONE" on form)
- ☒ All Blank Spaces Lined Through

PTO FORM 1449:

- NA* ☐ Signed And Dated
- ☐ Month And Year Cited For All References
- ☐ All Blank Spaces Lined Through

OATH/DECLARATION:

- ☒ Residence, P.O. Address & Citizenship Stated
- ☒ Signed & Dated
- ☒ Includes "reviewed and understand the contents" statement
- ☐ If Deficient Attach Form PTO - 152 And Check Appropriate Boxes On PTOL-37 *NA*

FILE WRAPPER:*Inside File*

- ☒ "Searched" Box (Class/Subclass filled in, Dated & Initialed)
- ☒ "Interference Searched" Box (Class/Subclass filled in, Dated & Initialed)
- ☐ ~~Blue Slip (filled in and attached to left side of file)~~

Face Of File

- ☒ Continuing Data (filled in & initialed)
- ☒ Foreign/PCT (initialed)
- ☒ Foreign Priority Conditions (Yes/No & initialed)
- ☒ Claims Allowed (2 boxes)
- ☒ Drawing (3 boxes)
- ☒ Issue Classification (2 boxes)
- ☒ Assistant Examiner (name in box or lined through)

PTOL-37:

- ☒ All Appropriate Boxes In Parts I & II and "Attachments" Checked

PRIMARY EXAMINER OR SPE:

- ☐ BLUE SLIP - Signed By Primary Examiner
- ☐ PTOL-37 - Signed By Primary Examiner
- ☐ FACE OF FILE - Signed By Primary Grade Examiner
- ☐ EXAMINER'S AMENDMENT and/or REASONS FOR ALLOWANCE - Signed By Primary Examiner

INITIALS/DATE:

- ☒ Assistant Examiner THP Date 5/2/2006 ☐ Primary Examiner/SPE _____ Date _____